R E P O R T R E S U M E S

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THE FEASIBILITY OF TRAINING NON-SKILLED PERSONNEL TO ASSIST PROFESSIONAL STAFF IN THE CARE AND TREATMENT OF MENTALLY RETARDED CHILDREN, A CHILD WELFARE DEMONSTRATION PROJECT. FINAL REPORT.

RETARDED INFANTS SERVICES INC., NEW YORK, N.Y.

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A 12-WEEK TRAINING PROGRAM WAS DEVELOPED TO PREPARE NONPROFESSIONAL PERSONNEL TO SERVE MENTAL RETARDATES IN THE AREAS OF HOMEMAKING AND CHILD CARE, PHYSICAL MEDICINE AND NURSING CARE, SPEECH THERAPY, PLAY ACTIVITY, AND AUXILIARY MATERNAL CARE. RECRUITMENT WAS THROUGH NEWSPAPER ANNOUNCEMENT, THE RETARDED INFANTS SERVICE REFERRAL AGENCIES, POVERTY AND YOUTH EMPLOYMENT PROGRAMS, VOCATIONAL GUIDANCE COUNSELORS IN HIGH SCHOOLS, AND SPECIAL GUIDANCE COUNSELORS FOR HIGH SCHOOL DROPOUTS. FIFTY OF THE 52 APPLICANTS ACCEPTED WERE WOMEN, THE MAJORITY MEMBERS OF MINORITY GROUPS. EIGHTY-SEVEN PERCENT COMPLETED THE PROGRAM, AND 73 PERCENT WERE EMPLOYED, 69 PERCENT IN MENTAL RETARDATION OR RELATED AREAS. THEIR MEAN INCOME WAS $66 PER WEEK. PRACTICALLY ALL OF THE TRAINEES WERE GIVEN POSITIVE OVERALL EVALUATIONS BY THEIR EMPLOYING AGENCIES. IN GENERAL, THEY SCORED HIGHEST IN MOTIVATION AND COMMITMENT, SOCIAL BEHAVIOR, AND INTERPERSONAL SKILLS, AND SOMEWHAT LOWER IN LEVEL OF KNOWLEDGE, INITIATIVE, RESOURCEFULNESS, AND PUNCTUALITY. IT WAS RECOMMENDED THAT (1) APPLICANTS BE CHOSEN WHO HAVE BOTH MAXIMAL PERSONAL ASSETS AND LIMITED ACCESS TO BETTER-PAYING, HIGHER-STATUS POSITIONS, (2) TEACHING BE SPECIFIC, CONCRETE, DRAMATIC, AND RELIANT UPON THE SENSORY RATHER THAN THE INTELLECTUAL, AND (3) TRAINING CONTAIN ELEMENTS OF A THERAPEUTIC MILIEU. A DESCRIPTION OF THE TRAINING, PLACEMENT AND EVALUATION INSTRUMENTS, BIBLIOGRAPHY OF AUDIOVISUAL AIDS, A LIST OF COOPERATING AGENCIES, SELECTED JOB DESCRIPTIONS, AND A GRADUATION CERTIFICATE ARE INCLUDED. (JK)

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F I N A L R E P O R T

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"The Feasibility of Training Non-Skilled Personnel to Assist Professional Staff in the Care and Treatment of Mentally Retarded Children"

A Child Welfare Demonstration Project

Conducted by

RETARDED INFANTS SERVICES, INC.

Pursuant to Grant No. D231 from The Children's Bureau, U.S. Department of Health, Education, and Welfare

April 1965 to June 1967

VT004080

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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F I N A L R E P O R T

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Retarded Infants Services, Inc. wishes to acknowledge with deep gratitude the invaluable contributions to this project rendered by the staff members, lecturers, and secretaries.

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Retarded Infants Services, Inc. also wishes to acknowledge the outstanding support, leadership, and service provided by the staff of the Mental Retardation Center of the New York Medical College at Flower-Fifth Avenue Hospital to this project.

June 30, 1967

TABLE OF CONTENTS

Chapter		Page
	Introduction	1
I	Background, Rationale and Goals	3
II	Recruitment and Screening	8
III	The Training Program:	12
	Administration and Organization Curriculum Methodology Statistical Evaluation	
IV	Training Process	24
V	The Placement Program	27
VI	Discussion and Conclusions	34
	Appendices:	38
A	Instruments:	39
	Interview and Personnel Form Field Work Evaluation Instructor's Evaluation Employment Evaluation Response of Trainee to Training and Placement	
B	Bibliography of audio-visual aids	50
C	List of co-operating agencies	53
D	Selected Job Descriptions:	57
	Case Aide Assistant to Clinic Nurse Pediatric Aide Assistant Teacher Group Work Aide	
E	Graduation Certificate	59

I N T R O D U C T I O N

This is the final report on a project undertaken by Retarded Infants Services, Inc. (RIS) of New York City to demonstrate the feasibility of training and using unskilled personnel as aides to professional personnel in caring for retarded children.

RIS is a voluntary agency serving the retarded child under five years of age and his family. The program provides an information and referral service; professional counseling on an individual and group basis; psychiatric consultation and psychological evaluation; financial grants for interim private placement for babies awaiting admission to State schools; supportive help to parents by visiting parents who have had a retarded baby; and qualified home aides to help families in caring for their retarded babies at home.

Increasing experience with families of retarded children highlighted the need for additional personnel to provide necessary services which for lack of staff created major deficits. The recognition that certain selected services could be provided by carefully selected and trained lay personnel was the basis for this demonstration. The project, funded by the Children's Bureau of the U.S. Department of Health, Education, and Welfare, covered the period from April 1, 1965 through March 31, 1967, and was planned to:

A. Recruit relatively unskilled personnel to participate in a short-term (twelve weeks) pilot training program concerned with mental retardation; and

B. Place the trainees in treatment programs where they could provide specific services under professional supervision and serve as a link between professional workers and a larger proportion of the population in need of help than is now possible.

Three groups of trainees, consisting of sixteen, fifteen, and fourteen members respectively, participated in the program. RIS was responsible for the recruitment, screening, and initial orientation. The twelve-week training session (including curriculum development, field trips and field placement) was conducted at the Mental Retardation Center of New York Medical College at Flower-Fifth Avenue Hospital. At the end of the training period, formal graduation exercises were held and each trainee was presented with an embossed certificate indicating successful completion of the course.

Job placement, follow-up for evaluation, and continuing relationship with co-operating agencies were undertaken by RIS.

This report will discuss the content, nature, and results of this experimental program.

I. BACKGROUND, RATIONALE AND GOALS

Despite the recent upsurge in the quantity and quality of therapeutic programs concerned with retardation, the problems of retardation and the needs of retardates and their families are far from being dealt with adequately. Lack of trained personnel is one of the most serious, if not the most serious, limitation upon any attempt to narrow the gap between the needs of, and programs for, this population.

The developing emphasis upon community maintenance of the retarded makes for further demands on available personnel. While it is now recognized that community maintenance is, in the long run, more economical for society than institutionalization as well as more appropriate for the great majority of the retarded, it must equally be understood that the establishment of many additional and innovative services is necessary. Of even more importance, perhaps, is the recognition that the provision of multiple impact services at the earliest possible time can have a significant preventative effect. This is particularly true for the age group with which Retarded Infants Services, Inc. is most concerned - the retarded child under five years of age. Early detection is essential to prevent premature and unnecessary institutionalization; it is at the time of first recognition of the child's retardation that parents feel most isolated and are most burdened physically and psychologically and that measures to prevent family breakdown are most necessary. Yet, it is for this group that the fewest community resources exist. The services needed are wide and varied, ranging from intensive psychological help and broad environmental manipulation to a host of more concrete and direct services that can also be of great significance. While it is unquestionable that many services can be provided only by professionals, and will, therefore, continue to be

tragically underprovided to those in need, there are other acute needs of the retardate and his family for which the skills required are neither complex nor extensive. These are services which are not being provided at the present time because of insufficient staff, or if available, are being provided at the cost of diverting scarce professional skills.

This demonstration rests upon a basic assumption: that the role, and hence the function and skill of the professional are complex and divisible rather than unitary. The professional relationship with the retarded is based on diagnostic study, treatment planning, and treatment implementation. Each of these stages of the professional role is critical; each, ideally, should be the sole responsibility of the professional; yet it would appear possible to distinguish between these professional functions on at least two levels.

First, diagnosis, and the establishment of goals and a treatment plan might be defined as integrative functions, that is, they require the application of a complex educational and experiential background to an idiosyncratic situation in order to yield a particular optimal outcome. They are functions which cannot be analyzed into and described as specific and simple operations. Rather these are functions of a total individual and hence can be undertaken only by a professional.

Execution of professional decisions involves a different order of functions. Involved in this stage are a series of operations, some requiring complex skills, others relatively rudimentary ones. Since relatively concrete functions are involved, it would appear theoretically possible to introduce non-professional personnel into the client relationship at this point to carry out, under professional supervision, some of the tasks required.

The second distinction between the various professional functions which should be noted concerns the time dimension. Although the diagnosing, planning and blueprinting functions of the professional are most dependent upon professional competence, it is the final stage, the implementation of the professional recommendations, that requires the greatest expenditure of professional time. This demand upon the time of the professional at this stage sharply curtails the number of the retarded whom professionals can serve. Since training of professionals is a slow and expensive process, and since there are so many competing areas of need, the pool of professionals available to deal with retardation will probably not, in the foreseeable future, match the existing requirements. However, if it is possible to introduce non-professional personnel into the professional-client relationship to fill appropriate helping roles, the number of retardates receiving professional attention will be increased.

One important role envisioned for the unskilled personnel in the program is that of "arms and legs" for the professional. They were trained to serve as a link between the professional and the family by carrying out, under professional supervision, a number of the relatively less demanding and more concrete tasks which would otherwise be handled by the professional or not handled at all.

Among the functions originally conceived for the graduates of this program were the following:

a. <u>Homemaking and Child Care</u> - The homemakers in this program would differ from other homemakers on at least three counts: instead of entering a home suffering from an acute crisis, they would be entering one suffering from a chronic crisis and would, therefore, tend to be

maintained in the home for a longer period than is usually the case; they would be trained to be aware of the special strains and problems brought into the home by the presence of a retardate; and most importantly, they would be equipped to help in the care and training of a retarded child (teaching him to walk and to dress, getting the child to a clinic, etc.)

b. Physical Medicine and Nursing Care - Many retardates need special physical care, but Physiotherapists, Public Health and Visiting Nurses have only periodic and limited association with the retardate and his family; the trainee, by carrying out instructions between professional visits, can relieve some of the parents' added burden, insure the carrying out of instructions, help establish a pattern of compliance with them; and finally, because of a longer stay in the home, more effectively teach the required techniques to the parent.

c. Speech Therapy - Because of the retardation itself and because of the physical anomalies often associated with retardation, speech is often one of the great problems for the retardate. Speech therapy, to be effective, requires a persistent effort over a long period, requiring consistent reinforcement time in addition to therapy. A trainee, following the therapist's instructions, might be able to provide additional stimulation to aid in the child's development of speech.

d. Play Activity - The number of children that can be reached by a Play Therapist is necessarily limited by the number of groups he can conduct; but, if instead of personally conducting them, he draws up a program to be carried out by assistants under his supervision, his range of effectiveness could be enhanced.

e. Auxiliary Maternal Care - A retardate in the home poses many problems,

among them problems of adjustment on the part of siblings. Social workers, in dealing with the parent's emotional responses, point out these problems and suggest possible ways of handling them but cannot insure that the already distraught and overburdened mother can, on the basis of a limited number of conferences, do what is needed. However, an "auxiliary" mother, under the social worker's supervision, can be the means for effectively introducing into the home a consistent approach to the supervision of the retardate and his siblings.

These five roles were originally seen as the most likely direction for the trainees. The ultimate placement pattern of the trainees from this program however differed appreciably from the original concept.

In summary, then, this program is a partial response to the shortage of professional personnel in the area of mental retardation. It assumes that some of the functions of the professional may be factored out and taken on by relatively untrained personnel. The goal of the project is the training and placement of previously unskilled persons to serve some of these functions.

It should be additionally noted that this program, while primarily concerned with recruiting personnel to work in the field of retardation, was seen as possibly serving an additional function - the providing of improved job opportunities and occupational satisfaction and advancement for unemployed, and previously untrained, low-income individuals.

II. RECRUITMENT AND SCREENING

The recruitment of trainees for the project involved three steps: publicizing the project; establishing criteria by which trainees were to be selected from the pool of applicants available; and the process of selection of trainees.

Publicizing of the project by RIS was initially through newspaper announcements and with the usual RIS referral agencies. Then, to increase the size of the total population from which potential trainees could be drawn, a variety of poverty and youth employment programs in New York City were notified, as were vocational guidance counselors in high schools, and special guidance counselors for high school dropouts in the school system. During the course of the project, a total of 275 individuals requested information from RIS about the possibility of enrollment in the program. The majority were referred directly from agencies or affiliated organizations (e.g. churches working with the various poverty programs). Some referrals were made by friends or relations who had applied to or were accepted in the program itself. Only a few applied on the basis of having heard about the program informally.

The actual interviewing and screening of applicants was handled by an experienced professional social worker. The following criteria were established in the selection of participants:

A. The equivalent of an elementary school education;

B. An age of at least 18 and not more than 50;

C. Some experience in working with children (This was considered desirable although not mandatory);

D. Motivation other than emotional involvement arising out of personal experience with mental retardation; and

E. Completion of a medical examination.

Eighty-four, or 31%, of the 275 applicants were never interviewed. Some did not follow up on the initial request, some did not keep appointments made with them, and others delayed applications until after the training groups had been completed. A few had misunderstood the nature of the program and lost interest after even a brief explanation, and others, even on the basis of a brief interview, were judged obviously unsuitable.

The remaining 191 were interviewed. A total of 52, 27% of the total seen, were accepted: 18 each for the first and second groups, 16 for the third. (While the original plan was for 15 trainees in each group, a certain degree of attrition was anticipated and controlled for.) The chief reasons for the rejection of applicants were as follows:

A. Previous history of excessive job turnover;

B. Responsibilities (e.g. a large family) which might lead to absenteeism;

C. Over-qualification on an educational, social, or financial basis;

D. Apparent excessive concern with the prestige that might be gained from the program to the exclusion of other motivations;

E. Evidence of a strong involvement with a mental retardate in the immediate family.

Other factors will be noted later.

The fifty-two trainees, in some ways, showed characteristics which had been anticipated by the project staff. For example, 50 of the fifty-two, were female. The great majority were minority group members, 31 Negro and 15 Puerto Rican. In other ways, however, the trainees differed from expectation. For example, the group, on the average had 11.5 years of schooling; 63% were high school graduates. For those who gave data on their families' weekly income, the average

total family income was $122 per week. This generally included combined income of two or three working members of the family. The number of older trainees was also unexpected - the average age was 28, with 30% older than thirty. The trainees were also characterized by a seemingly high level of residential stability and had lived, on the average, in their present residences for 6.5 years. There was also little evidence of familial instability: 18 currently married, many for a long period of time, 28 never married, 1 widowed, and 3 separated or divorced. Finally, the occupational history should be noted. Twelve of the fifty-two, 23% had never worked, and eight, 15%, had worked only sporadically or on a part-time basis. However, twenty-six of the fifty-two, 50%, did have a history of regular full-time employment. Eight worked as domestics, the majority of the remainder in factory work or as nursing aides. Six, or 12%, provided no data on their occupational history.

While the trainees are predominantly minority group members in the low-income bracket, they do not represent the lowest strata of the poverty sector. They are representative of that part of the population of the poor who maintain family stability, continue to support themselves, push their children upward, and seem to maintain mobility aspirations for themselves. In short, a large part of the trainees represent either younger women who wish higher-status positions, or older women who, despite their poverty, concentrate on their families until their children are grown and then seek employment of a relatively prestigious nature.

One may raise the question of the extent to which the nature of the trainees reflects the population from which they are drawn or the screening procedures used. An examination of the personnel interview records of those who were not selected suggests that both factors were involved. A sizable number of those

who were not accepted, in terms of such indicators as level of education, family income, familial and marital instability, represent a lower socio-economic strata than the trainees actually accepted. This is not meant to state or to imply that applicants were screened out because of class characteristics directly. Rather, they were screened out on the basis of certain aspects or factors (poor health and appearance, lack of communication skills, greater personal instability, limited capacity for emotional involvement, and a history of occupational instability) which are often associated with extreme poverty.

It should be kept in mind that a significant number of those not accepted were at the opposite extreme - individuals who were over-qualified educationally, socially or financially. Many had had a history of voluntary work in hospitals and agencies and apparently construed the program as a short-cut to a semi-professional career in the helping professions.

There was also a third group among those not accepted who were comparable in most respects to the trainees. This group already had reasonably well-paying and satisfying jobs. In these cases, there was often a mutually agreed-upon decision in the course of the interview that relatively little was to be gained by them in entering upon the program.

It should be noted that there were systematic differences among the three groups of trainees. For example, the average age, average family income and average level of education progressively declined with each group of trainees. In some part, these differences may be a result of the greater number of referrals from various anti-poverty programs in the recruitment of the second and third groups.

III. THE TRAINING PROGRAM

RIS bore responsibility for the project administration, including recruitment and placement. The training itself was conducted at Flower-Fifth Avenue Hospital, within the multi-disciplinary training center in Mental Retardation, in co-operation with project staff. The training program involved four essential aspects:

A. Administrative organization of the training program;

B. Curriculum content (what points were to be made, what information was to be transmitted, and what skills were to be taught) and curriculum sequence (the order in which content material was presented);

C. Methodology - how the content was presented; and

D. Statistical Evaluation.

A. Administrative Organization

As noted in the previous section, recruitment was undertaken and completed several months before the trainee entered into actual training. Each of the training sessions was of twelve weeks duration, five days a week, six hours a day. The original plan called for fifteen trainees in each group. In anticipation of some degree of attrition in the groups, eighteen trainees were enrolled for each of the first two groups, and sixteen for the third. There were two dropouts from the first group, three from the second, and two from the third. In short, a total of forty-five individuals actually completed the training program: sixteen in the first group, fifteen in the second, and fourteen in the third. Each trainee, while in the training program, received a stipend of $45.00 per week. Finally, a month before the actual training began,

each group was given an orientation session to familiarize the trainees with Flower-Fifth Avenue Hospital (where the training program was to be carried out), conducted at the hospital.

The training sessions were conducted by an experienced professional social worker on the staff of the New York Medical College, Mental Retardation Center. She led the training sessions, bore responsibility for administrative details such as attendance, organization of field trips, teaching materials, discussion leadership and evaluation of the trainees, and decisions around special problems encountered or posed by trainees.

B. Curriculum Content and Sequence

The main goals of the content of the training program were to provide:

A. A general awareness of developmental psychology and the facts of retardation - types of retardation, causes, problems of retardates and their families;

B. Direct acquaintanceship and contact with the realities of retardates and their care;

C. Understanding of the whys and wherefores of institutionalization vs. community maintenance as a means of handling the problem, and of the problems and needs posed by the maintenance of the retardate in the home - the objective physical problems involved in home care of the retardate, the psychological stresses on the parents and siblings as well as upon the retardate, and the range of services needed by the retardate;

D. Awareness of the role and functions of different fields in the handling of the problems of retardation - including social

work, pediatrics, education, psychology, creative therapies, psychiatry, orthopedics, physical medicine, etc.

E. Practicum training in the specific skills that will be needed.

While the exact curriculum organization used in the program necessarily varied somewhat for each of the three groups, the curriculum followed in the last group, fairly accurately, with but three modifications, reflects the nature of the learning experiences undergone by the trainees and is given below. The first difference is with the degree to which use was made of audio-visual aids in the training program. As can be seen from the curriculum outline below, films were extensively used. This reflected the apparent effectiveness of films in engaging the interest of trainees, stimulating discussion in the training group, and communicating meaningful information to the group. On the basis of this observation by the training staff, the use of films was progressively increased in the second and third groups.

The second difference which should be noted concerns the position in the curriculum sequence of the three weeks of Field Work, that is, assignment of trainees to a retardation agency or program for practical experience. In the first group, Field Work assignment comprised the final element in the sequence. On the basis of the first group's experience, it was decided to revise the scheduling so that Field Work experience would fall in the middle of the sequence. This would allow the trainees to review and thus better assimilate their experiences. It was also felt that this change would give trainees a far better background for viewing the roles of the different professions in retardation, this material being concentrated in the second half of the sequence.

In response to specific requests by students in the first and second groups, the following lectures were added for the third group:

a) Problems of young adult retardates;

b) Materials used in training the retarded child;

c) Visual problems and their effect on the functioning of a retarded child;

d) Sex and reproduction, menstruation; how these are explained to the retarded.

The curriculum sequence followed in the Fall 1966 group - the last one - was as follows:

* CURRICULUM ---- FALL 1966

Week I	Mon., Sept. 19) Tues., Sept. 20)	(Introduction (and (Orientation
	Wed., Sept. 21	Film "The Wall Between" Discussion of curriculum
	Thurs., Sept. 22	Richmond Sanitarium Field Trip
	Fri., Sept. 23	Discussion of Richmond Field Trip; Film "Beyond the Shadows"
Week II	Mon., Sept. 26	Lecture on history of attitudes in mental retardation; Film "Care of the Young Retarded Child"
	Tues., Sept. 27	Films "The Mentally Retarded: Trainable" "The Mentally Handicapped: Educable"
	Wed., Sept. 28	Film "Introducing the Mentally Retarded"; Case conference on a clinic patient
	Thurs., Sept. 29	Shield of David Field Trip
	Fri., Sept. 30	Discussion of Shield Field Trip; Film "Not Without Hope"; Lecture on institutionalization vs. home care
Week III	Mon., Oct. 3	Psychiatry Lecture
	Tues., Oct. 4	Field Trip to AHRC Workshop
	Wed., Oct. 5	Lecture on problems of young adult retardates; Film "The Toymakers"
	Thurs., Oct. 6	Field Trip to Letchworth Village
	Fri., Oct. 7	Discussion of Letchworth Field Trip; Film "The Invisible Mark"
Week IV	Mon., Oct. 10 - Fri., Oct. 14	First Aid; Films on First Aid shown on Oct. 10

* Bibliography of audio-visual aids is in Appendix (B)
Description of agencies for field visits is in Appendix (C)

Week V	Mon.,	Oct. 17	Film "Moderate Retardation in Young Children"; Lecture on Home Training
	Tues.,	Oct. 18	Lecture on Home Training
	Wed.,	Oct. 19	Film "Arts and Crafts for the Slow Learner"; Lecture on use of materials in training the retarded child
	Thurs.,	Oct. 20	Field Trip to New Haven Regional Center
	Fri.,	Oct. 21	Discussion on New Haven Field Trip; Discussion on Field Work Placements; Review of first five weeks

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Weeks VI, VII, VIII

Mon., Oct. 24 - Fri., Nov. 11

Field Work

Week IX	Mon.,	Nov. 14	Discussion of Field Work; Field Work Reports
	Tues.,	Nov. 15	Beginning discussion of role of disciplines; Social Work
	Wed.,	Nov. 16	Field Trip to CRMD Class
	Thurs.,	Nov. 17	Pediatrics; Film "The Seekers"
	Fri.,	Nov. 18	Education; Discussion of CRMD Class field trip

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Week X	Mon.,	Nov. 21	Psychology
	Tues.,	Nov. 22	Psychology
	Wed.,	Nov. 23	Dance Therapy
	Thurs.,	Nov. 24	Thanksgiving
	Fri.,	Nov. 25	Thanksgiving

Week XI	Mon.,	Nov. 28	Speech Therapy
	Tues.,	Nov. 29	Speech Therapy
	Wed.,	Nov. 30	Music Therapy
	Thurs.,	Dec. 1	Play Therapy
	Fri.,	Dec. 2	Optometrics

Week XII	Mon.,	Dec. 5	Field Trip to Bird S. Coler Hospital CP Unit
	Tues.,	Dec. 6	Lecture on sex and reproduction
	Wed.,	Dec. 7	Orthopedics; Begin Review
	Thurs.,	Dec. 8	Review; Individual reports on course
	Fri.,	Dec. 9	Graduation

C. Methodology

The curriculum and the actual organization and conduct of the training program not only reflected the need to communicate certain content material, but also the need to develop a teaching methodology appropriate to the background, motivations and abilities of the trainees. Even in the initial phases of curriculum development, it was obvious that this methodology was a matter of critical importance. It was expected, given the nature of the program and past experience by Retarded Infants Services, Inc. in recruiting for its home aide program, that the majority of trainees recruited would be women from minority backgrounds (Negro or Puerto Rican), probably characterized by limited education, limited academic intelligence, limited ability to deal with abstractions, a dislike of formal training, limited economic resources on which to fall back during training, and a "pay-off" orientation, that is, concerned with obtaining a job or a higher-status job than those previously available.

Given these assumptions about the trainee population that would be recruited, the staff of this program judged that the training curriculum had to be more than sequence and content, that it had to be tailored in its organization and presentation to the anticipated characteristics of the trainees. This particular goal was seen as comprising two elements:

A. Communicating a sense of "pay-off" to the trainees, that is, explicitly and concretely relating the training program to the trainee's goal of a job; and

B. Making the content of the training program meaningful to the trainees.

The emphasis upon a "pay-off" derived from the common observation that lower-income and working-class individuals tend to be less future or at least

less long-range future oriented than middle-income individuals. For many of the middle-class, the relation between present deprivation such as education and future rewards is so internalized that any kind of training is almost seen as a goal in and of itself. However, for many lower and working-class individuals, education and training can often appear as irrelevancies or as obstacles. Because of limited income, the interruption in employment required by a training program can be a severe problem for this group. In addition, the limited future orientation of many within this population also militates against an easy acceptance of the training program.

Given these considerations, a number of steps were taken to make the program rewarding. First, and most obvious, was the stipend provided to the trainees for the duration of the program. Secondly, the program was structured to provide the trainees with symbolic status rewards, viz. 1) stressing the importance of the program in the eyes of the trainees (through the use of high prestige figures to introduce the program at the initial meeting of the group, through the use of guest lecturers of high status such as physicians, and through an emphasis in the course of the training on the para-professional nature of their training and of their future work); and 2) by stressing the role and achievement of the trainees (providing the training in a medical college center, by encouraging them to question guest lecturers, by treating them as staff members in various ways, e.g. by providing them with laboratory smocks and nameplates, and by establishing a formal graduation program). The significance of status aspirations to these trainees and their sensitivity to any hint of status derogation was dramatically illustrated by an episode in the first group. The guest lecturer on homemaking, made it a point to emphasize the domestic service aspects of homemaking, and the negative reaction on the part of the trainees to the lecturer, to homemaker services, and temporarily to the program, was both vocal and over-

whelming. After this initial experience, the lectures on home aide services were given by a practicing home aide on the staff of RIS. This woman, from a background similar to that of the trainees, and who derives both personal and status satisfactions from what she defines as a para-professional role, appeared to exert a major, positive effect on the trainees.

While part of the training curriculum necessarily involved a certain amount of straightforward didactic presentation in order to make the material meaningful, as much of the general material as could be was presented in the specific, the concrete, and the dramatic or personal. These presentations were, of course, supplemented by material such as field trips, films (the importance of which has already been noted), and case conferences, which inherently fit the criteria listed. Finally, the organization of the "class" itself in the form of a modified seminar or group discussion was of great importance in maximizing the involvement of the trainees. The leader of the group, with the trainees throughout the entire course of the program, was a professional social worker, whose responsibility included not only supervising administratively all aspects of the training program and the direction of all group meetings, but also achieving the engagement of the trainees through group discussions of the material presented or observed and evaluating their reactions to the material, both on an intellectual and emotional basis.

D. Statistical Evaluation

Of the fifty-two original trainees, seven failed to complete the program: two in the first group, three in the second, and two in the third. Of these seven, six were separated from the training program by decision of the project administration, and one withdrew on his own initiative, stating that he had ob-

tained employment outside the City. Of the six who were separated, five showed some combination of lack of interest, absenteeism, and signs of emotional disturbance. The sixth, referred to the program by the Guidance Counselor of her High School, appeared immature and unable to absorb the material presented in the program. Further investigation revealed that she had herself been in a CRMD class at school. The one withdrawal, it should be noted, would have been separated if he had not left of his own accord.

In short, of the fifty-two original enrollees, forty-five, or 87%, completed the program. On the basis of what data exist on the success of ad hoc training programs for individuals drawn from lower and working-class populations, this 87% is apparently an unusually high completion rate.

Three months after their initial post-training placement in an agency, the agencies involved were asked to provide an evaluation of each of the trainees. In addition to asking for an overall evaluation, the agency was asked to rate the trainee as excellent, good, fair, or poor, on fifteen traits, including:

a. Level of knowledge

b. Cooperativeness

c. Reliability

d. Attitude toward job

e. Initiative

f. Resourcefulness

g. Conscientiousness

h. Tact

i. Adaptability

j. Judgment

k. Interest

l. Appearance and dress

m. Manners

n. Regularity of attendance

o. Punctuality

Inasmuch as practically all of the trainees were given very positive overall evaluations, the majority of ratings on the fifteen traits for all trainees tended to fall into either the excellent or good category. However, on four of the fifteen traits, there was a tendency for the trainees in general to score somewhat lower than they did on the other eleven. These four were: level of knowledge, initiative, resourcefulness, and punctuality.

By and large, the eleven items on which the trainees tended to be evaluated most highly fall into three categories: motivation and commitment, social behavior, and inter-personal skills. While we cannot say to what extent the training program is responsible, it would appear that graduates are outstanding in the areas of commitment, and social and inter-personal skills.

With respect to the characteristics on which they were not rated so highly - level of knowledge, resourcefulness and initiative, and punctuality, it is only with respect to level of knowledge that one may question the adequacy of the training program. However, even on this point, one should keep in mind the background of the trainees, the briefness of the training program, the need to de-emphasize a straightforward didactic approach and, as will be seen in the evaluation of the placement program, the diversity of agencies and tasks in which the trainees were placed. Furthermore, we may safely expect that whatever the deficiencies in this area, experience will rectify them. With respect to the other characteristics, these may reflect in some part, the effects of their previous life experience and deprivations.

IV. TRAINING PROCESS

The instructoral modes utilized in the training sessions were developed to meet the needs of non-professional personnel. There is less readiness to utilize the group discussion method; less freedom in expressing feeling; and less comfort in instructor-student interaction than we would expect to encounter with a professional or semi-professional group.

The instructor should recognize the constriction, uneasiness, and tendency to withdraw that characterize the initial sessions. The first days should be filled with activity and shared response in order to engage the trainees as soon as possible in an interacting process with the leader and with one another.

The leader should show her genuine interest in them, her deep concern for the retarded, and should project her recognition of the important roles that trainees can fill. At the same time, control must be maintained in a fair, non-authoritarian and respectful manner. This enables the trainees to begin to view the situation as a new experience that may offer interest as well as concrete rewards.

The participants are likely to remain very conscious of themselves, and the limitations they feel in relationship to the glamorized perception of future job demands. In combination with the other operative factors discussed, the atmosphere of the first sessions can be a charged one.

As with any organized small group, dynamic interplay arises which must be understood and handled by the leader. The group can threaten or support, encourage or stifle spontaneity, facilitate or interfere with learning. Although clearly not set up as treatment groups, in skilled hands the power of the group action can be used as a unique framework for expanded identification and growth;

for cutting through stereotyped and self-focused thinking; and for the beginning development of a more positive concept of the self. In one meeting, for example, the question of the high proportion of middle-income families using services was raised, with the implication that low-income families were not considered as important to agencies. This led to expression of their sensitivity around their own status - that they are, in the words of the trainees themselves, "lower-class" people and that "middle or upper-class" parents might look down on them. The field work placements that were about to begin brought out the fears of those going into homes that they would be rejected because they were Negro or Puerto Rican, or would be used entirely as domestics. The class was quite tense as these feelings came to the surface, obviously anxious over the leader's reaction. This is indeed substantive material which provides a rich opportunity for utilizing group expression as a method for self development. The instructor's acceptance of their right to express negatives, her recognition of the reality basis for their concern, and her constructive handling of the issue led to verbalization by the class of the meaning to them of being able to discuss these feelings openly, to "clear the air" and to discover that the leader (representing the community) could understand, accept and care about them.

In some instances, group interaction can bring to the surface, intensify or reactivate marginal reactive patterns of individual trainees. The function of the groups, while it aims to support an improving self image and less constricted use of self, is not therapeutic. Some feelings, attitudes, and defensive responses cannot be handled withou more extensive reference to individual personality patterns than would be appropriate within the training group context. When these blocks would seem to interfere with the effective functioning of the trainee, individual counseling may offer the additional help

that can make it possible for the trainee to continue in the program. In some cases, a few sessions allowing for ventilation of held-in feelings can have a highly beneficial effect. In other instances, where deeper-seated problems have come to the surface, more intensive individual casework help may be necessary. In the three cases in which such help was offered, it was accepted willingly and gratefully. The trainees, through their utilization of help, were able to continue the program and move into placement.

The group training process becomes, in essence, a method of enabling personal growth; improved self-interest; and increased freedom in objective use of self. Content material alone, while of course important, does not have the same potential for helping to create personnel for the retarded, who can relate considerately, humanely, and with recognition of the worth of all handicapped persons.

V. THE PLACEMENT PROGRAM

A. The Placement Program

The ultimate goal of this project was the placement of personnel qualified by the twelve-week training program to work in the area of retardation. The need for qualified personnel in the retardation area is major and is widely recognized. Despite this avowed shortage of personnel, the initial expectations of the project staff were not very optimistic. Few people, and even fewer organizations, want to be the first to try a new approach; thus, the project staff anticipated receiving expressions of interest and support, but a reluctance to engage trainees.

Given these less than ideal expectations, the project staff judged that a highly aggressive placement campaign was necessary. Even before the first group entered training, all agencies and programs working with the retarded were approached. These conferences were designed to acquaint agencies with the nature and goals of the program and to determine the feasibility of placing trainees with them. Needless to say, the second phase of the placement program, the actual placement of individual trainees, was also characterized by an aggressive approach, and perhaps even more importantly, persistence.

By and large, as will be seen in the descriptive evaluation, both the attempts to establish placement positions and to place individuals were successful. Further, the pessimistic expectations were not borne out. Instead of a stated interest in the general and a reluctance in the particular, we encountered a willingness, even a desire, to engage the trainees. There were, of course, disappointments which will be noted in the evaluation. But the bulk of the response was positive. In fact, as the trainees have proven their worth, many placement agencies have not only indicated a willingness to employ more, but in

two cases where new programs are being established by agencies, provision is made for use of trainees on the staff of these innovations.

While a general reluctance to employ products of an experimental training program was not encountered, the major obstacle was insufficient funds. Most service agencies, whether public or voluntary, operate with limited and tight budgets. For these agencies, the location of special funds to hire personnel of a type not previously budgeted for is difficult, and often requires both time to manipulate budgets and evidence of the utility of the personnel.

Given this very real obstacle to immediate placement of graduates of the training program, provision was made for full subsidy of the salaries of trainees in agencies for up to twelve weeks. Some twenty-one (over half of those placed by RIS) trainees had to be subsidized in their initial placement. Of these, fourteen, or 60%, were then placed on permanent staff after the period of subsidy.

Evaluation of Placement Effectiveness

As of June 1, 1967, the job status of the forty-five graduates of the training program was as follows:

Employed or engaged to work in the helping professions	31
Employed in other work	2
Returned to school	2
Unemployed	10

In short, 73% of the graduates were employed, 69% in mental retardation or in a related area. The mean income for this group was $66.00 per week. What degree of success these raw figures represent depends upon comparisons with programs equivalent in terms of their goals and of the nature of their trainees or in terms of a priori standards. Given the experimental and hence

ad hoc nature of the screening, training and placement procedures, as well as the relative novelty of the goals of the program, the fact that 69% of the graduates (60% of all those recruited) are employed would appear to represent a successful outcome. Certainly it represents for the majority of the trainees - given their background and their previous employment history prior to the training program - a major step forward.

These figures, important as they are for summarizing the outcome of the total program, do not indicate the effect of the placement aspect of the program specifically - they do not differentiate between placements resulting from program activities and those resulting from trainee's own efforts. Hence, it is necessary to examine the employment figures more closely.

Of the forty-five graduates of the training program, thirty-five, or 78% of the total, were placed by the project; ten were not. Of this group of thirty-five, twenty-seven, or 77%, are currently employed in programs dealing with retarded or handicapped children. The great majority of the trainees are still in their original placements. Roughly a third of these trainees have received at least one salary increment.

Among the eight who left their original placements and, thus far, the area of retardation, two did so to go on to college, three because of the low salaries at their agency, one to go out-of-town to take care of her sick mother, one because of pregnancy, and one because of emotional disturbances for which she is now receiving therapy.

Of the ten who were not placed, three are now employed as Nurses' Aides, and one as a Baby Nurse. (Two of these four have continued to express an interest in working with retardates, and one of these two is working to obtain

her High School equivalency diploma to facilitate obtaining such a position.) One of the ten was over-qualified for the positions available and is employed, but not in the area of retardation. The other five either could not be placed or refused the placements offered.

Thus far, we have dealt primarily with the facts of placement - whether trainees are employed or not in the area of retardation. However, there is also the fact of the type of placement, that is, the nature of the agencies and the kind of work being done. Some points along these lines should be noted.

First, with respect to the types of agencies and programs which have hired trainees, the range of such agencies interested in the graduates has turned out to be greater than was anticipated. Originally, it was anticipated that all or practically all of the trainees would be in programs primarily concerned with retardation. As it has turned out, programs concerned with the frequently retarded multiply-handicapped child (both in hospitals and in the classes for handicapped children of the Board of Health of New York City) have accepted a number of our trainees. More surprising has been the number of trainees placed in a variety of capacities with the three major agencies for the blind in New York. In part, this also reflects the fact that retardation is often associated with other major handicaps, and those servicing the blind or the palsied are involved to some degree with servicing retarded children. Because of this, our program has turned out to be a major resource for these agencies.

With respect to the kinds of positions in which the graduates of the training program have been placed, there have been disappointing as well as unexpected achievements. Originally, as noted earlier, five major roles were envisaged for the trainees: homemaking and child care; physical medicine and

nursing care; speech therapy, play therapy; and auxiliary maternal care. When the project began trying to establish placement positions, all efforts with respect even to the possibility of employing graduates in the area of physical medicine and speech therapy were fruitless. Only now have discussions around the possibility of utilizing the trainees as speech therapy helpers reached a serious stage, and that with only one program.

On the other hand, there have been unexpected successes, the most striking of which has been the placement of a large number of trainees as assistant teachers and as teaching aides in CRMD classes and classes for the multiply-handicapped, as well as in some privately-run teaching programs. This potential use of our trainees was considered at the onset of the program but had been deemed unpromising because it entailed obtaining the co-operation of large public bureaucracies. An initial willingness to experiment has been followed by a completely unexpected demand for more and more of our trainees. It is worth noting that from the viewpoint of the trainee, this particular class of positions appears to be most gratifying. Another type of placement which has developed has been that of social work aide, in which the trainee serves as a link between low-income families and retardation clinics.

In short, this program has succeeded in its goal of helping to establish paid positions in the area of retardation for the graduates of the training program. The program has failed to establish certain types of positions originally envisaged as appropriate. To counterbalance this, however, other innovative positions have been developed.

Finally, a few points on the characteristics of the trainees associated with success in the program should be noted. Inasmuch as this was a demonstration program, only a limited amount of data has been obtained. However, with

the data at hand, some observations can be made.

First, there is the ethnic factor. Of the six white trainees accepted in the program, none is now employed in the field of retardation or physical handicap. One possible explanation of this revolves around the significance of status aspiration in determining occupational gratification. The kinds of positions for which the trainees are prepared represent both sources of enhanced status and income for low-income minority members for whom opportunities are limited. For white individuals of any qualifications, alternative opportunities (many of greater potential) are available to a far greater degree. Thus, for some of the white trainees, one of the basic pressures for success - enhanced opportunity - is lacking. On the other hand, for those white trainees for whom this was a realistic opportunity, another factor is involved. By and large, because social factors are not the answer, limited opportunities for most whites in the New York area derive from inadequacies in the individuals. Their failure to have achieved some sort of career presumably reflects intellectual or personality deficits in them, and these lacks may make these individuals poor risks for such a program.

A second correlate of success was age, with the older trainees showing a higher success rate than the younger ones. This particular result appears to be a common finding in many programs. Possibly this reflects the effects of self-selection. Older women, with a background of stable family management or job history, have already shown many of the skills necessary to undertake and complete demanding tasks. Further, their embarking upon an experimental training program may reflect a higher degree of motivation than a similar decision by an uncommitted younger person.

The third correlate of success found is that of education. Those dropping out of the training program or now unemployed, had, on the average, a lower

level of achievement than the others. It may well be that the kinds of skills and motives associated with completing high school parallel those necessary successfully to complete a training program and to perform adequately in a position of some responsibility. It should be noted, however, that some of our most successful graduates did not finish High School.

In short, this program appears to have been most successful with individuals who need or desire that which the program offers - a better-paying, higher-status position than is otherwise available - and who possess a fairly high level of personal assets.

VI. DISCUSSION AND CONCLUSIONS

The goal of this program was to demonstrate the feasibility of recruiting and training relatively unskilled and untrained individuals for specialized work in the field of retardation, and of placing these individuals in agencies dealing with retardates. On the basis of the results observed, it appears safe to conclude that the feasibility of such recruiting, training and placement has been demonstrated. Further, on the basis of our follow-up evaluation with both agencies and trainees, the roles which our trainees serve are important to themselves, to their agencies, and, most importantly, to the retardates and their families. The trainees now have opportunities to work at personally gratifying and enhancing work; the agencies an opportunity to enrich and expand their programs; and the retardates and their families receive the benefits of this enrichment.

These general conclusions, about the impact of this demonstration project in its entirety, are, of course, the critical ones. At the same time, in the course of implementing this project, and out of necessity to develop effective techniques, other, more pragmatic conclusions were inevitably reached by the project staff. While these conclusions, based upon experience with this program alone, are therefore limited in their generalizibility, they can offer some meaningful guidelines to those concerned with replication of this type of program.

In the training of previously unskilled, and therefore predominantly low-income personnel, one of the major questions that has to be resolved is that of criteria for screening. On the basis of the results of this project, it appears that valid screening procedures require a balancing of two con-

tradicting factors. On the one hand, successful training and placement tend to be associated with the degree of assets brought by the applicant to the program. The greater these assets - emotional stability, interest in children and in helping them, a history of occupational stability, level of education, the capacity for personal involvement, good health and appearance, good communication skills, and the desire to better oneself - the more likely is the applicant to meet the demands of training and placement. On the other hand, the likelihood of embarking upon a career in this field, and remaining in it, is determined in good part by the degree to which this work represents a realistic advancement and provides a superior occupartional alternative for the trainee. And, the greater the assets of the applicant, the more likely are other occupational alternatives to exist. In short, effective screening for programs such as this would appear to require the balancing of two sets of criteria - maximal personal assets on the part of the trainees and limited access to better-paying, higher-status, and/or more enhancing positions.

A second conclusion reached with respect to recruitment concerns the use of anti-poverty programs for referrals. Although all such referrals were pre-screened, our experience would indicate that this screening could not be used as a substitute for our screening procedures. It should be kept in mind that this program, which can serve as a resource for low-income people, is primarily a means of mobility. The applicant must have the inner resources to utilize this opportunity. This program cannot be used as a way of re-molding those whom life experiences have so stultified that opportunities alone are insufficient.

With respect to the conclusions reached about the nature of the training

program itself, most have already been noted. First, a didactic program focused upon the academic, the abstract, and the general, is inappropriate. Effective teaching requires the concrete, the specific, the dramatic, the reliance upon sensory rather than intellectual experience, plus the opportunity for and encouragement of participation by trainees. Additionally, the focus should be upon involvement and concerns with the retardate and his family, and not with identification with the professionals in the area. It is from their own work with the retarded that their gratification must derive. And even more important, because of their background, the trainees can better understand human need than the abstract concept of the professional role. The importance of support of the trainees, both in the form of stipends and of symbolic status enhancement was discussed earlier, in detail. Finally, there is the importance of providing the trainees, as an integral aspect of the training program, the opportunity to ventilate the feelings about themselves, their doubts about their identity and worth, and their resentments. In short, the training itself should contain elements of a therapeutic milieu. The importance of having one permanent figure (for the course of the training period) with whom the trainees can relate should be noted if this seemingly necessary therapeutic-like function is to be served.

With respect to conclusions reached about the placement phase of the program, one of these - the importance of subsidies for initial placements - has been noted. A second conclusion, or more accurately a problem, which has been encountered, is the necessity to explain or justify the potential role of the trainees to the agencies in fields where historically there has been great emphasis upon professionalization; the proposal to introduce non-professionals frequently had to be justified - not always successfully - in great detail.

Many of the major questions that we have attempted to explore in this project can be answered at this time. Unquestionably there are many significant services that can be provided to the retarded by non-professional personnel. With appropriate training, as exemplified in this project, previously unskilled individuals can be equipped to assist professional personnel, to offer some services that the professional cannot provide, and to expand the scope of community services. Innovative and imaginative use of these workers can help make possible the full range of comprehensive services for the retarded that are finally evolving. Of equal importance is the amount of gratification and individual fulfillment that graduate trainees are experiencing in their helping roles.

A P P E N D I C E S

APPENDIX A

INSTRUMENTS

Interview and Personnel Form

Field Work Evaluation

Instructor's Evaluation

Employment Evaluation

Response of Trainee to Training and Placement

INTERVIEW AND PERSONNEL FORM

RETARDED INFANTS SERVICES

SPECIAL TRAINEE PROGRAM

Driver's License _____

Soc. Sec. No. _____

No. Dependents _____

1. Date _____

2. Name _____ _____ _____
(Last) (First) (Middle)

3. Full address: _____

Apt. No. _____ Sharing Apt. _____ How long at present address _____

4. Tel. No. _____ No. of years in N.Y.C. _____

6. Most recent former address _____

7. Source of referral _____

8. Whom to notify in case of emergency _____
(Name)

_____ _____
(Address) (Tel. No.)

9. No. of appts. made before interview held _____

10. Punctuality at interview: Arrived early _____
Right on time _____
No. of minutes late _____

Background Information

11. Date of birth _____ 12. Age _____ 13. Sex: Male ___ Female ___

14. Ethnicity _____ 15. Citizen of U.S. ___ 16. No. of years in U.S. ___

17. Religion _____ 18. Frequency of attending religious services _____

19. Present marital status: Married ____ Alone ____ Separated ____

Divorced ____ Other _____

20. No. of children in family _____

21. (a) Age of each child (b) Where residing at present:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

22. Total number of individuals living in home of applicant (aside from self and own children) _____

23. (a) Age of each person (b) Relationship to Applicant

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

24. Who is responsible for care of home?

Applicant _____

Other (Who?) _____

25. No. of rooms in home _____ 26. Monthly rent _____

27. Present source of support:

		Where employed	How long
Applicant's job	____	_____	_____
Spouse's job	____	_____	_____
Other adult in home	____	_____	_____
Children	____	_____	_____
Welfare	____	_____	_____
Other (specify)	____	_____	_____

28. Total weekly income in household _____

29. Any related training ? _____

30. Occupational history of applicant (last or current job first):

Job Description	Weekly Salary	FT PT	Dates of Employment
_____	_____	_	_____
_____	_____	_	_____
_____	_____	_	_____
_____	_____	_	_____
_____	_____	_	_____
_____	_____	_	_____

31. If applicant has limited occupational background, why?

Home care responsibilities _____

Just entering job market _____

Other (specify) _____

32. If applicant has limited occupational background, why has she (he) decided to return to or enter into the job market?

_____

_____

33. If applicant has history of relatively high job turnover, investigate why:

_____

_____

_____

34. No. of years of school completed: _____

35. Applicant ever in difficulty with the law? No. _____

Yes. _____ (See 36)

36. If involved:

(a) Date	(b) Reason	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

37. Applicant ever institutionalized? No. _____

Yes. _____ (See 38)

38. If institutionalized:

(a) Date	(b) Reason	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

39. Rating of applicant: Appearance _____ Poise _____

Verbal fluency _____ Alertness _____ Warmth _____

FIELD WORK EVALUATION

Name: _____ _____ _____
(Last) (First) (Middle)

Nature of Placement and name of Agency: _____

_____

Name and Title of Person Making Evaluation: _____

_____

What are each of the specific duties assigned to the trainee? On a 3-point scale (1 - Excellent; 2 - Adequate; 3 - Poor), how would you rate the trainee's performance with respect to duties?

(a) Duties	(b) Rating
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

What if any difficulties were apparent in placement? _____

_____

What are the most positive aspects of the trainee's performance? _____

_____

Please rate the trainee's general performance:

1. Superior _____
2. Good _____
3. Fair _____
4. Poor _____

Signed _____

Title _____

INSTRUCTOR'S EVALUATION

Name: _____ _____ _____
(Last) (First) (Middle)

Attendance Record:

Dates of Absence: _____ _____ _____ _____

Evaluation of Trainee's general attitude toward Mental Retardation:

Level of content absorbed: _____

_____

_____

_____

General impression and recommendations: _____

_____

_____

_____

_____

_____

_____

_____

RETARDED INFANTS SERVICES, INC.

386 Park Avenue South, New York, N.Y. 10016 Tel. 889-5464

TRAINING PROJECT FOR SUB-PROFESSIONALS

Employment Evaluation

Name of Trainee _____ Agency _____

Address _____

Title given to Trainee
by Agency _____ _____

Date began _____

Type of assignment: Nursery ____
School ____
Workshop ____
Other (describe) _____

1. Personal Characteristics:	Excellent	Good	Fair	Poor
a. Level of knowledge				
b. Cooperativeness				
c. Reliability				
d. Attitude toward job				
e. Initiative				
f. Resourcefulness				
g. Conscientiousness				
h. Tact				
i. Adaptability				
j. Judgment				
k. Interest				
l. Appearance and dress				
m. Manners				
n. Regularity of attendance				
o. Punctuality				

2. a. What are specific duties? (For each of these duties) How would you rate Trainee's performance - as excellent, as adequate, as unsatisfactory?

	a. Duties	b. Rating
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

b. If rating is unsatisfactory, explain _____

_____

_____

3. a. How do you rate Trainee's overall performance?

Superior _____

Good _____

Fair _____

Poor _____

b. If Fair or Poor, explain _____

_____

_____

_____

4. General evaluation of work performance. _____
Explain in detail what problems, if any

_____

_____

_____

_____

_____

_____

5. a. What are the Agency's plans for Trainee?

Continue present assignment _____

Terminate assignment _____

b. Give reasons behind this decision: _____

_____

_____

_____

Name of Supervisor _____

Title _____

Date _____

RETARDED INFANTS SERVICES, INC.

386 Park Avenue South, New York, N.Y. 10016 Tel. 889-5464

TRAINING PROJECT FOR SUB-PROFESSIONALS

Response of Trainee to Training and Placement

Date _____

Name of Trainee _____ Date of Placement _____

Agency Placement _____ Job Title _____

1. How happy are you with the work you are doing now?

Very happy _____

Fairly happy _____

Hard to say _____

Sort of unhappy _____

If very unhappy, please explain _____

_____

_____

_____

2.a. Is the work you are now doing what you expected to get from the training you were given?

Exactly what I expected _____

Pretty much what I expected _____

Quite different from what I expected _____

Completely different from what I expected _____

b. How are things different from the way you expected them to be?

_____

_____

_____

_____

_____

_____

3. Make a list of what you do daily on your job

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

4. What do you like about your job? _____

_____

_____

5. What are the things about your work that you don't like? _____

_____

_____

6. How has the training at New York Medical College helped you in your job?

_____

_____

_____

7. What do you think should be added to the training? _____

_____

_____

8. What do you think should be left out of the training? _____

_____

_____

9. What other suggestions do you have for the training? _____

_____

_____

_____

APPENDIX B

BIBLIOGRAPHY OF AUDIO-VISUAL AIDS

AUDIO-VISUAL AIDS

"Arts and Crafts for the Slow Learner"
27 Min. Black & White
Available from:
SWS Educational Films
Long Beach, California

Various arts and crafts activities are carried on by mentally retarded children in a public school in Southern California.

"Beyond the Shadows"
30 Min. Color
Available from:
Western Cine Service

How one community took steps to overcome fears and prejudices in a program to help its mentally retarded children.

"Care of the Young Retarded Child"
18 Min. Color
Available from:
International Film Bureau
Chicago
Illinois

Normal children from a few months to six years of age are shown in feeding situations. Mentally retarded children of the same ages are then shown and compared. Suggestions are given as to how equipment, treatment and care can be adapted to help the retarded child develop.

First Aid
30 Min. Black & White
Available from:
American Red Cross

Two short films on various areas of first aid; plus one on artificial respiration.

"Introducing the Mentally Retarded"
23 Min. Black & White
Available from:
Administrative Services
Missouri Division of Health
Jefferson City
Missouri

Serves as an introduction to the most important areas of retardation; types and levels of retardation, the education and training of the retarded child, the importance of recreation and socialization, family life, and also institutionalization of the retarded.

"Invisible Mark"
1 Hour Black & White
Armstrong Circle Theatre
TV Production
Available from:
Retarded Infants Services, Inc.

Film on the Iowa State School - young new superintendent who faces problems of budget, old-core staff, community opposition, etc.

AUDIO-VISUAL AIDS Cont'd

"The Mentally Handicapped: Educable"
"The Mentally Retarded: Trainable"
30 Min. Black & White
Available from:
Yeshiva University Film Library

Discusses the differences in the two categories; discusses areas of functioning, etc.

"Moderate Retardation in Young Children"
43 Min. Black & White
Available from:
Western Reserve University

Various individual and group activities of a group of retarded children are demonstrated.

"Not Without Hope"
30 Min. Black & White
Available from:
Bureau of Public Relations
New York State Department of
Mental Hygiene

Governor Rockefeller's introduction and explanation of State-wide planning in mental retardation, with emphasis on improving programs in State schools and community services.

"The Seekers"
1 Hour Black & White
Available from:
Retarded Infants Services, Inc.

First International Awards by Kennedy Foundation with introduction by President Kennedy and description of award winners' research.

"The Toymakers"
30 Min. Black & White
Available from:
Smith, Kline and French Laboratories

Shows the need for close ties between the community and the mentally retarded in institutions.

"The Wall Between"
30 Min. Black & White
General Electric Theatre
TV Production
Available from:
Retarded Infants Services, Inc.

Young couple's reaction to diagnosis of mental retardation.

APPENDIX C

LIST OF CO-OPERATING AGENCIES

* CO-OPERATING AGENCIES

Archdiocese of New York St. Rose of Lima School	Special education class for mentally retarded children.
Association for Help to Retarded Children Workshop	A sheltered workshop and training center for young adults.
Association for Help to Retarded Children Training Center	A center for nursery pre-school groups for learning basic living and social skills and also for multiply-disabled school-age children.
Bird S. Coler Memorial Hospital and Home	A City hospital for chronically ill adults and handicapped children.
Bronx River Neighborhood Center	A Day Care Center for pre-school age children with a special program for the mentally retarded.
Cardinal Spellman Center	A Community Center with a special day camp program for mentally retarded children.
* Children's Evaluation and Rehabilitation Clinic Albert Einstein College of Medicine Abraham Jacobi Hospital	A diagnostic clinic for mentally retarded children and a diagnostic nursery and training center.
* Divine Providence Foundation Shelter	A temporary shelter program for dependent and neglected children, including the mentally retarded.
Educational Alliance	A settlement house providing recreation, day care and camping services for children, including the mentally retarded.
* Hebrew Academy for Special Children	A day school program for handicapped children, including the mentally retarded.
* Industrial Home for the Blind	A multi-service agency, offering a home care program for visually handicapped, mentally retarded children.

* CO-OPERATING AGENCIES Cont'd

Institute for Industrial Rehabilitation	A sheltered workshop for adolescents.
* Jewish Guild for the Blind	Children's Day Care: School for visually-handicapped, retarded children Psychiatric Clinic: For emotionally-disturbed and mentally-retarded, visually-handicapped children.
Job Orientation in Neighborhoods (JOIN)	A counseling, job placement and training center for young men and women who have dropped out of school.
* Kennedy Child Study Center	A daytime developmental training program for retarded children from 4 to 8 years of age.
* Kings County Hospital	A City hospital including the care of chronically ill, ambulatory children with various degrees of mental retardation.
Letchworth Village	A State school for mentally retarded of all ages.
Massive Economic Neighborhood Development, Inc. (MEND)	East Harlem anti-poverty program.
Mobilization for Youth	A multi-service community-oriented demonstration action-research program.
* New York City Board of Education Bureau for Children with Retarded Mental Development	A program of New York City public school system for educable and trainable retarded children.
New York City Board of Education Vocational Guidance Program	Assists students in planning for future employment, including those leaving high school prior to graduation.
* New York City Department of Health Bureau for Handicapped Children	A City agency responsible for medical aspects of special education placement of handicapped children in co-operation with the New York City Board of Education.

* CO-OPERATING AGENCIES Cont'd

New York Foundling Hospital	A temporary shelter for abandoned, dependent and neglected children.
* New York Medical College Flower-Fifth Avenue Hospital Mental Retardation Center	A mental retardation center providing all medical services, including diagnosis and treatment, counseling services for parents.
Regional Center of New Haven, Conn.	A new State facility for the care and treatment of mentally retarded children from infancy to adolescence.
Richmond Sanitarium	A private residential nursery for 70 infants under 5 years of age with various types of mental retardation.
* St. Joseph's School for the Deaf	A day school for children with severe communication problems.
Shield of David, Institute for Retarded Children	A day school and treatment center for retarded children from 4 to 12 years of age.
* The Lighthouse	A multi-service agency for the visually handicapped, including day nursery training programs for visually-impaired, mentally retarded children.
United Cerebral Palsy	An organization concerned with providing community services for the cerebral-palsied, including developmental training programs.
Willowbrook State School	A State school for mentally retarded of all ages.

* Indicates facility where trainee graduates are employed.

APPENDIX D

SELECTED JOB DESCRIPTIONS

Case Aide

Assistant to Clinic Nurse

Pediatric Aide

Assistant Teacher

Group Work Aide

SELECTED JOB DESCRIPTIONS

CASE AIDE IN CLINIC FOR MENTALLY RETARDED CHILDREN:

Makes home visits of "hard to reach" families for purpose of having them continue with diagnostic evaluation of children; serves as a liaison between school and social agencies for detailed reports of a child's performances; maintains continued relationship with families awaiting referral to other services; assists social work staff by initiating follow-up with each family to insure a more complete service; assists in care of retarded children in mental retardation center nursery to allow parents to be seen by doctor or social worker; learning techniques for speech therapy with children who have just begun to talk.

ASSISTANT TO CLINIC NURSE:

Assists nurse co-ordinator in the overall management and operation of the clinic and provides necessary assistance to the nurse in performing her professional role with the children, thereby enabling her to be more effective in the duties she performs; maintains medical records.

PEDIATRIC AIDE IN WARD OF CHRONICALLY ILL AND MENTALLY RETARDED CHILDREN:

Supervises free play time of children; assists at meals and provides training of self-care habits; plans, organizes and executes special projects for children unable to go on outings and excursions, being responsible for preparation of necessary materials; assists at organized recreation activities teaching proper use of equipment.

ASSISTANT TEACHER:

Supervises free play experience and rest periods; teaches individual children specific skills, use of implements and materials and makes herself available to those children who require extra care and attention; assists in classroom management tasks and class routines such as washing, toileting, and lunch preparation.

GROUP WORK AIDE IN A FACILITY FOR THE VISUALLY HANDICAPPED:

Assists group leaders in a variety of helping duties in a highly structured treatment program for mentally retarded adolescents who are also visually impaired; assists group members in planning trips and travels with them on special trips and for medical examinations; prepares and distributes materials for arts and crafts programs and helps in the development and use of social skills.

APPENDIX E

GRADUATION CERTIFICATE

RETARDED INFANTS SERVICES, Inc.

This is to certify that

ANNE JONES

Having completed in a satisfactory manner the prescribed course of instructions in the care of Mentally Retarded Children is presented with this Certificate

GOLD SEAL

Given at
New York Medical College
Flower Fifth Avenue Hospital this
9th day of April 1967

MARGARET JOAN GIANNINI, M. D.
Director, Mental Retardation Clinic

IRENE L. ARNOLD
Executive Director